L. PLACE OF DEATH C. COUNTY D. C. (Last) D. C. (Last	FILED FEB 23 1949 THE DIVISION OF HEALTH OF MISSOURI							62	6772	
EVACE OF DEATH a. COUNTY b. CITY (If outside corporate limits, write RUPAL and dre- corporate		, , , ,	STANDARD (CERTIF	ICATE OF DEA	\TH	State File	No		
B. CITY (II contained components limite, write RURAL and drive to translation) TOWN St. Louis, Mo. township) STAY in this bace of the state is benefited or insultation, give stress address or location) G. FILL HAME OF (II as to benefited or insultation, give stress address or location) INSTITUTION Firmin Desloge Hospital U AME OF (II as to benefited or insultation, give stress address or location) INSTITUTION Firmin Desloge Hospital U AME OF EXAMPLE OF (II as to benefited or insultation) INSTITUTION B. A. (First) A. (First) A. (First) A. (First) A. (First) A. (Bas) A. (ANTE (Month) (No.) A. (ANTE (Month) (No.) A. (ANTE OF BIRTH C. (Lass) Vaniselov Vinite V	BIRTH NO.		REG. DIST. NO	318	PRIMARY REG. DIST.	<u> 100:</u>	B Registrar		<u>85</u>	
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MODRESS 2223 — Mullary Manager Country of Print Desloge Hospital Description Des	OR		township) STAY (c. CITY (If outside corr OR TOWN	Ata Unite serita	RURAL and civ	• township)	17	
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a. ACCIDENT SUICIDE SUICIDE HOMICIDE d. TIME (Month) (Day) (Year) (Hour) OF INJURY I. I hereby certify that I attended the deceased from 2-3, 19-9, to 2-3, 19-9, that I last saw the deceased grow alive on 2-2, 19-9, and that death occurred at 2111 Pm., from the causes and on the date stated above. a. SIGNATURE I. Inklyy M.D. (Degree or title) By M.D. (Degree or title) A. BÜRIAL. CREMA-ON, BEMOVAL COPERTY ON BEMOVAL COPERTY REG. PARCE OF INJURY (e.g., in or about bone, iar in or about the bone, iar in or about bone, iar in or	19a. DATE OF OPERA- TION	19b. MAJOR FIND	OINGS OF OPERATION		150	1		_	_/ _	
while at work at hereby certify that I attended the deceased from 2-3, 199, to 2-3, 199, that I last saw the decease of the one of the decease and on the date stated above. a. SIGNATURE Inklyy M.D. (Degree or title) 23b. ADDRESS 1325 Grand, St. Louis 4, Mo. 2-4-4 a. BURIAL. CREMA-ON BEHOVAL (Greatly) 24c. PAME OF CEMETERY OR CREMATORY 24d. LOCATION (Byty, town, or county) (Statement of the county) 25. Funeral director's Signature REG. FEB. 1866.	21a. ACCIDENT SUICIDE HOMICIDE	(Specify) 2	Pib. PLACE OF INJURY (e.g., nome, farm, factory, street, office	in or about bldg., etc.)	21c. (CITY, TOWN, OR 1	TOWNSHIP)	(COUNT			
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- The state of the	DATE REC'D BY LOCAL REG.	REGISTRAR'S SI	IGNATURE TO	_	25. FUNERAL DIRECT	OR'S SIGNA	TURE	ADDRESS	B.	
		0	(Licensed Em	belmer's St	stement on Reverse Side	mg 1	y KI TH		- NAT	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side	of this	certificate w	vas embaln	ned by me, or	by	
	 ,	Student	Embalmor	No	····	
working under my personal supervision.	_	_		•		

king under my personal supervision.

Student Embalmer

Licensed Embalmer No. 4

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

is above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.